	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 10/797, 272													
		CLAIMS A	- PART n 1)				SMALL ENTITY TYPE			OTHER THAN				
TOTAL CLAIMS								RATE	TF	EΕ	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	-	0.00	OR			
TOTAL CHARGEABLE CLAIMS			minus 20⇔		•			X\$ 25	-		OR	X\$50=	1	
INDEPENDENT CLAIMS			п	minus 3 =		•		X100=			OR	Y000		
MULTIPLE DEPENDENT CLAIM PRESEN				т 🔘				+180=	1					
* If the difference in column 1 is less than				tero, enter "O" in column 2				TOTAL			OR	+360=	 	
5-15-0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								·	نــا :		OR		L	
	13-00		Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS - HIGHEST											
AMENOMENT A	· .	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE	
Ž	Total	-24	Minus	- 20	ŧ	- <i>O</i>		X\$ 25=	Λ		OR	X\$50=		
A	Independent	• 3	Minus	3		- 0	ı	X100=	1		OR	X200=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									17	\Box	OR	+360=		
					٠		L	TOTA		4		TOTAL		
		(Column 1)		· (Colum		(Column 3)		VDDIT. FĘI	:	\		ADDIT. FEE		
ENT B	9/25/4	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADI JION FE	JAL		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	- 1/2		· ?	\mathcal{O}_{\downarrow}	ſ	X\$ 25=	1		OR	X\$50=			
	Independent	dependent • Minus RST PRESENTATION OF MULTIPLE DEPE		***				X100=	1	/-	OR	X200=		
	TINOT FRESE	NAME OF MC		ENDENT	CAIM		ľ	+180=	1 7		OR	+360=		
								TOTAL		-4		TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)		DOIT. FEE	ナ	` الــــــــــــــــــــــــــــــــــــ	~·· A	ODIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		MIGHE: NUMBE PREVIOU PAID FO	ia Isly	PRESENT EXTRA	Γ	RATE	ADD TION	AL	ſ	RATE	ADDI- TIONAL	
8	Total	4	Minus-	## TAIL IN	,n		+	V& 0=	FE		-		_FFE_	
AMENDMENT	Independent	• .	Minus	*889		8	-	X\$ 25=	-	-J °	OR	X\$50≈		
<u> </u>	FIRST PRESE	ENDENT (NDENT CLAIM		L	X100=		— 19	PA	X200=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
!!	the Highest Nun	iber Previously Pai	d For IN THIS	SPACE in h	ece than	20 center *20 *	AD	TOYAL DIT. FEE		c	R A	TOTAL DOTT. FEE		
1	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3." ADDIT. FEE													

Application or Docket Number